MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First 2a. DATE OF DEATH Middle death. (Type ar print) and Daniel Barrett. Sr. June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 11-04-88 Male White requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [Maryland Calvert physician and completely filled, attending physician and completely may bermit. Then please remave carban pap within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane give street address)
Calvert County Hospital during mast af warking life, even if refired.) Phince Frederick or remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Calvert NO X Lusby 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First William Inez Barrett 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn) (If yes give war ar dates of service) 217-32-1252-A Carl Barrett, Lusby, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c), PART I, DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) as the priar tal has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [far use Health O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from_

20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State ond that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on causes stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS Roberto de Villarreal. St. Leonards, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) (Caunty) (State) 24. FUNERAL DIRECTOR

08270

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL

BETWEEN DNSET AND DEATH

IF UNDER 1 YEAR

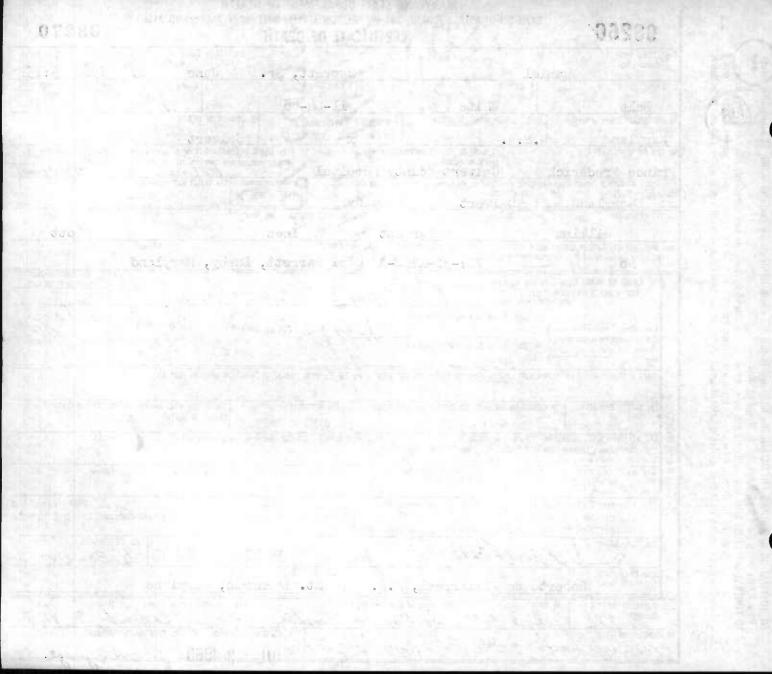
MONTHS

2b. HOUR

IF UNDER 24 HRS.

HDURS

directar, page 3



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

08271 DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR death aw requires that the death certificate be executed within 24 havrs after death Vand (Type or print) Month 4. RACE 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED within 72 ha (our washington, the attending physician and completely filled in sit permit. Then please remave carban papers Phince/ Theakhack Calvert WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Ket. Public Housing give street oddress) Prince Frederick Md. ounty Hospital and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 136. COUNTY admission) STATE YES X NO duntinatown 14. FATHER'S NAME Middle last 15. MOTHER'S MAIDEN NAME First Middle Arthur Rarringer Forbes 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) or remaval, 577-14-3158-A Minnie Mae Barringer Huntingtown 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF (anditions, if ony, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed ! burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital ar attending as the priar ta has been CERTIFICATION 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? far use Health YES [NO D this certificate 21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. be detached i State Dept. af (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM STREET, EACTORY, 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while ot wark TENDING Page 4 may be retained by the OFUNERAL DIRECTOR: Afrer 22a. I certify that (I) (this hospital) attended the deceased from 19 19 68, and that in (my) (our) opinion death accurred an the date and hour and from the saw the deceased alive anbe filed with the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, shauld be 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (Stote) REMOVAL (Spacify) Fort Lincoln Cemetery REGISTRAL'S SIGNATURE ADDRESS SUNFRAL DIRECTORS 2Sa. REC'D BY REGISTRAR VR A15 (4) Pumphrey 8434 Ga.

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ysician and campletely filled in by please remave carban papers.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plyy director, page 3 shauld be detached far use as the burial-transit permit. Then should be filed with the State Dept. af Health priar ta burial, crematian, or remand

Page 4 may be retained by the haspital ar attending physician.

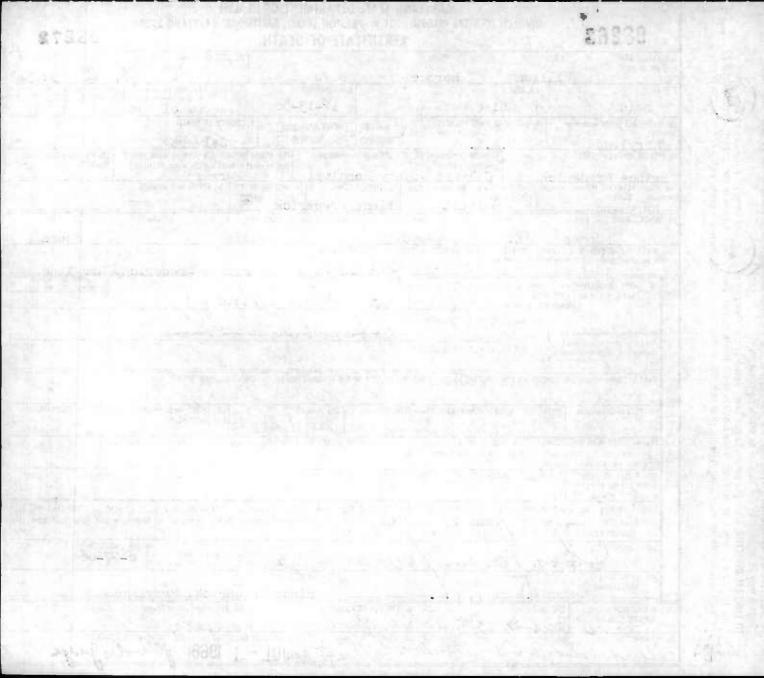
ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

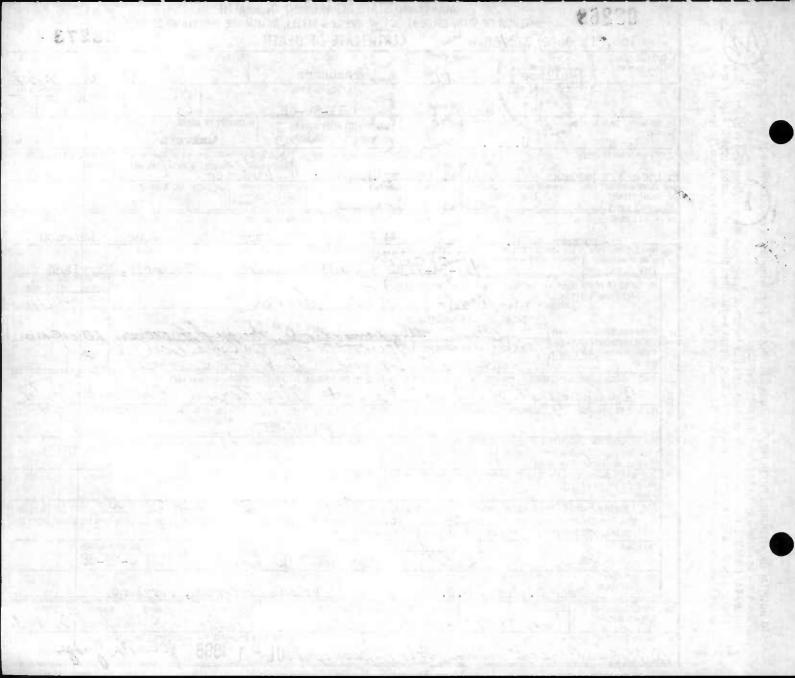
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. DECEASED-NAME	First	Middle		Lost	2o. DAT	E OF DEATH		2b. HOUR
(Type or print)	William	Horace		Boyd		Month D	27 68	9:45a
3. SEX	4. RA		5	. DATE OF BIRTH		6. AGE (In years	IF UNOER 1 YEAR	IF UNOER 24 HRS.
male		white		12-13-86		last hirthday)	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (Stote o		EN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED X		Y OF DEATH		
Maryland		II. NAME OF HOSPITAL OR INS				alvert TION (Kind of work done	12b. KIND OF	M DISCIPLICATION
Prince Fr		give street oddress) Calvert Cour	200	during	mast af war	king life, even if retired.)	INDUSTRY	tited
13a. USUAL RESIDENCE	1421 1 1 1 1	of the art of the state of the			ITY LIMITS? 13	e. STREET AND NUMBER		
odmission) STATE Marvland	13b. (County Calvert	Prince	Frederick	NO 🔀			
14. FATHER'S NAME	First	Middle Last		MOTHER'S MAIDEN NAM	AE First	Middle		Last
.1	ames K	. Boyd	16 1		Julia		Ro	wen
	ER IN U.S. ARMED FORCE			FORMANT	Julia	Address	DO	Mett
Yes, no, or unknown)	(If yes give war or dates of		401 1	e Boyd	Desir	ce Frederic	la Wassa 3	3
TIO CAUCE OF DE	ATM /Codes only one on	use per line for (a), (b), and (c)		e Doya		en and de la constante de la c	APPROXIM	MATE INTERVAL
PART I. DEAT	H WAS CAUSED BY:	11. 1. 1		el a.		201.	BETWEEN O	NSET AND DEATH
1/2/	IMMEDIATE CAUSE	(a)	noi	Tem	wind	a contraction		
401,		TO, OR AS A CONSEQUENCE OF	nod.	0000	1	0 1		
Canditions, if ony	e couse (a)	(b)	in	nose	cero	200		
stating the unde		TO, OR AS A CONSEQUENCE OF						
last.	,	(c)						
PART 2. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1(o)		
= 331 X								
19a. DATE OF OPER	ATION 19b. CONDITIO	N FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO		Ob. IF YES, WERE FINDINGS AUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
210. ACCIDENT W	AC HAIDEDLVING LOW	o. TIME OF INJURY	101. 1101			11 - 1 - D - 1 - D - 1	1 10 10 1	
		OUR A.M. Manth Doy Year	ZIC. HUV	A INJURY OCCURRED (F	inter nature of	injury in Part 1 ar Part 2	, item 18.)	
	nedicol exominer)	P.M. 19						
₹ 21d. INJURY OCCU While □ Nat what work □ at work □ at wo	ilio	INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOC	ATION Street ar R.F.D.	No.	City ar Town	Caunty	State
		tal) attended the decease	od fram Ma	av 21	9 68 . ta	June 27 1	9 68 that	(I) (we) los
saw the	deceased alive an	diune 27 (did) (did nat) view the	968 and	that in (my) (aur)	apinian dec	ath accurred an the o	date and haur	and fram th
22b. SIGNATURE	Kry)	term /w	1 DEGRE	ATTENDING .	MED. DIRECTOR	STAFF 22	pate signed 27–68	
22d. PHYSICIAN'S	Y	1/	/	22e. ADDRESS	DIRECTOR	*******		
NAME (Type)	Osman 7	Ersoy, M.D.		Prince	Freder	ick. Marvla	nd	
23o. BURIAL CREMATIO		23c. NAME OF	CEMETERY OF C			CATION (City or Town)	(County)	(State)
REMOVAL (Specify)			ry an		Los	aretor Cal	10	md
24. FUNERAL DIRECTOR	L. Herre	ADDRESS	11		D BY REGISTRA	- Company	CS SIGNATURE	114"
00.	asbrese 8	Son Mulud	Etull.	// //			rlas Joeds	er.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08273 Item16b.FilmGL02 7/8/88km CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle lost 2n. DATE OF DEATH 2b. HOUR death. (Type or print) Month risicion and completely filled in by the funeral pleose remove corbon papers. Pages 1 and , and in ony event, within 72 hours ofter deat Brashears Wallace M. JE LINDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS 11-30-84 white male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) Calvert WIDOWED [DIVORCED [Towa 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address)
Calvert County Hospital during most of working life, even if retired.) or removol, and in ony event, wit Prince Frederick Minister 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY alvert NO Ex YES [Solomons Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Jane Langdon Marv Bloomer Brashears low requires that the deoth certificate 160 WAS DECEASED EVER IN 11.5 ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknown) the offending phys Cecil Brashears Solomons, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (Q)—(b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) BETWEEN ONSET AND DEATH signed by the burial-transit p Conditions, if ony, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retoined by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO | YES 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of wark 22a. I certify that (I) (this hospital) ottended the deceased fram John , 1965, to June 25, 1966, that (I) (we) last saw the deceased alive on June 25 _____1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 6-25-68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Page C. Prince Frederick, Maryland Jett. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 30M REV.



/_1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	08270 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08274
HEALTHYDEPT.	1. DECEASED-NAME First Mighley (20. DATE KNOWN Month Doy Year, 2b. HOUR
× 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEATH MATED 0 20 188 2.3
delay and 3 M3 Po	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Wonths OAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Day 2. 5 Year 1968 2104
arm PM	70. BIRTHPLACE (State of fortign Country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED MAD
hours after deoth Item 18. Give Pages Office olang with far Iond 2 with the State	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during nost of working life, even if retired.) 12b. KIND OF BUSINESS OR during nost of working life, even if retired.) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during nost of working life, even if retired.)
s after 18. Giv e olang 2 with t death.	130. USUAL RESIDENCE (Where decoded lived, if invitation: Revidence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER odmission) STATE 13b. COUNTY 2000 120 120 120 120 120 120 120 120 12
hours Item 18 Office Office ofter d	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Fixthugh Sr. Fitzhugh Sr. Fitz
within 24 pencil in xaminer's ile poges 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were or dates of service) 16b. SOCIAL SECURITY NO. 215 36 4940 17. INFORMANT John D. Carney Takomas Park Md (Husband)
word "pending" in the Chief Medical Extraording in the Chief Medical Extraording in any event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and part 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)
nis certific ite, writin s forward be used a removal,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\sigma \) NO
INER: ne certif should files. 3 should notion,	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT John, form skeet. 21f. LOCATION Street or R.F.D. No. 1 Topic Town County Stote
ICAL E) e executor. Paged for section (CTOR: Puriol),	220. I certify that I took charge of the rengins described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted from: Notural couses Accident Suicide Homicide Undetermined monner
o DEPUTY necessory, pleosi the funeral direc 5 may be retain o FUNERAL DIRE Health prior to	ACTUAL SIGNATURE EXAMINER'S NAME (Type) H. W. Ward ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
TO DEPUT necessory the funer 5 may be 7 Health p	230. BURIAL CREMATION, REMOVAL (Specify) Burial 230. Date 231. Date 231. Name of Cemetery or Crematory 232. Name of Cemetery or Crematory 233. Location (City or Town) Colman Manor P. G. Md.
VR A15ME (\$10) 10M REV. 1/68	24. FUNERAL DIRECTOR ADDRESS Francis Gasch's Sons Hyattsville, Md. ADDRESS DATUL - 2 1968 25b. REGISTRAR'S SIGNATURE ADDRESS 25b. REG

71. THE THERTHE CAMPSING 1515 10 55 A Comparison of the common productions Attended to the state of the st a describer of a trail coul stack Carelle Concerned of Francisco to a part of the State from it on a straight from the 2 thought we have The second of th LANGE SERVICE STREET . De gallige de la company de la company

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 tradis after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. X6

after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. CERTIF

PRESTON STREET, BALTIMORE, MARYLAND 21201	3827
CATE OF DEATH	

DECEASED-NAME (Type or print)	First Ida		Middle M	Emen	with the same of t		2a. DATE OF D	Menth Dr	1y 68 ^{ear}	2b. HOUR 930 A N
3. SEX Fema.		4. RACE Negr		S	. DATE OF BIRTH	-1890	5	. AGE (In years last birthday) YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State country) Maryla	ar fareign	Th. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE DIVORCEI		county of Di			Md
10. CITY OR TOWN OF	DEATH		ME OF HOSPITAL OR INS reet oddress)	STITUTION (If not	in haspital	12a. USUAL during mast	OCCUPATION (K of working lif SSTIC	ind of work done e, even if retired.)		BUSINESS OR
13a. USUAL RESIDENCE admission) STATE	(Where decease	1 125 COUNTY	n: Residence before	13c. CITY OR TO	141	INSIDE CITY LIMIT	S? 13e. STRE	T AND NUMBER		
14. FATHER'S NAME	First Ned	Middle	lost Isiah	15.	MOTHER'S MAID	NAME First		Middle	Wall	Last ace
16o. WAS DECEASED EV Yes, no, or unknown		D FORCES? or dates of service)	16b. SOCIAL SECURITY I 218-38-	NO. 17, INF	ORMANT L	roy I	Booth	Address Owing		
4121	te cause (o), erlying cause SIGNIFICANT COND	(c)	A CONSEQUENCE OF	OT RELATED TO		ISEASE ORCON	IDITION GIVEN I	N PART 1(a)		EDTIEVING
RTIFICA					YES 🗌	NO 🗌	CAUSES O	F DEATH?		LKIII TIMO
210. ACCIDENT W	CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Year	9				in Port 1 or Part 2,	County	State
While Nat w	ork		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		anon sheer o		city di			31010
saw the	that (1) (this deceased al) tated above,	hospital) otte ve an (I) (we)(did)(nded the decease l did not) view the	ed fram 19, and body after de	thot in (my) eath.	, 19 (our) opini	, ta an death ac		ote ond hour	t (I) (we) las ond from the
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type		low	cerf	DEGREE	ATTENDING PHYS. 22e. ADDRES			STAFF PHYS. 22c	. DATE SIGNED	
23a. BURIAL, CREMATION REMOVAL (Specify		ATE -5-68		cemetery or co			23d. LOCATION Sund	(City or Town) erland	(County)	(State) Md.
24. FUNERAL DIRECTO	R	37	ADDRESS		25	O. REC'D BY		2Sb. REGISTRAR	S SIGNATURE	ye -

ond 2

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fuheral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and to any event, within 72 hours after death.

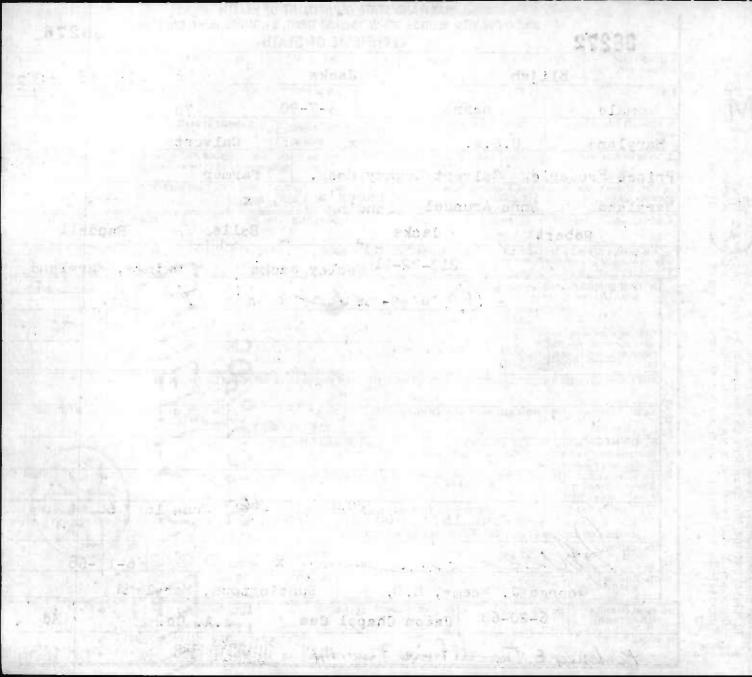
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retoined by the hospital or attending physician.

VR A15 (1) 30M REV. V6

DIVISION OF VITAL RECORDS CERTIFICATE OF DEATH

	6666		42	TOTAL OF DESCRIPTION				
	ECEASED-NAME First Type or print)		Middle	Lost	20. DATE O		Vons	2b. HOUR
,	E1	ijah		Jacks		Month Doy	68	5:30p
3. S	EX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	male	neg	gro	3-7-90		last birthdoy) YRS.	MUNIHS UATS	HUUKS MIN
7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8. MARI	RIED NEVER MARRIED	9. COUNTY O	F DEATH		4
cou	Maryland	U.S.A.		WED TO DIVORCED	Calv	rert		M
0.	CITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITUTION		SUAL OCCUPATION	N (Kind of work done	12b. KIND OF	BUSINESS OR
P	rince Freder	ick Cals	vert Count	y Hosp.		g life, even if retired.)	INDUSTRY	1100
30. Idm	USUAL RESIDENCE (Where deceorission) STATE	13b. COUNTY Anne Art	residence before	Y OR TOWN S 13d. INSIDE CIT	NO 13e. S	TREET AND NUMBER		a pied
	FATHER'S NAME First	Middle	Lost	1S. MOTHER'S MAIDEN NAME	E First	Middle	d . 7	Lost
	Rober		Jacks	4	Belle	h	Randel	1
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 161 war or dates of service)	b. SOCIAL SECURITY NO. 8	T. INFORMANT	. 1	Address		
	les, no, or bliknown)		213-22-11	Wesley Jack	cs	Owings,		
	18. CAUSE OF DEATH (Enter or	nly one couse per ling	or) (o), (b), ond (c).)	1	11	1		MATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: ATE CAUSE (o)	erecon	al occe	de	CT-		
	4369	, ,	CONSEQUENCE OF				100	
	Conditions, if ony, which gove) (1)	TOTAL GOLINGE OF				72.00	
	rise to immediate couse (a), stating the underlying couse		CONSEQUENCE OF					
	lost.	(c)						
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE O	R CONDITION GIVI	EN IN PART 1(o)		
-	331X							
VIIO!	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFORMED	20o. AUTOPSY?	20b. I	F YES, WERE FINDINGS CO	NSIDERED IN CI	ERTIFYING
CERTIFICATION				YES NO	CAUSE	S OF DEATH?		
	21o. ACCIDENT WAS UNDERLYII	NG 21b. TIME OF IN.	JURY 2	Ic. HOW INJURY OCCURRED (En	nter noture of inju	ury in Port 1 or Port 2, It	tem 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. A	Nonth Doy Year		6.0			
MED	21d INJURY OCCURRED 21e	PLACE OF INITIRY / AT	HOME, FARM, STREET, FACTORY, 1 2	If. LOCATION Street or R.F.D.	No. City	v or Town	County	Stote
	While Not while	OFF	ICE BUILDING, ETC.	The countries street of Raise.		, 0. 104	400111	0.0.0
	ot work ot work	nis hasnital) attend	ed the deceased from	June 9 10	to to	Tran = 7 6 10	48 that	(1) (wa) la
	22a. I certify that (I) (the saw the decepsed of	live an June	16 1968	and that in (my) (aur) o	pinian death	accurred on the dat	te and haur	and from th
	causes stated abov	e, (I) (we) (did) (did	d nat) view the bady a	fter death.				
	22b. SIGNATURE	1 . 2		ATTENDING 🖂	MED.	STAFF 22c. D	DATE SIGNED	
	100	ell	u	DEGREE PHYS.	DIRECTOR	PHYS 6-	-17-68	
	22d. PHYSICIAN'S			22e. ADDRESS	2.76			0.00
-	NAME (Type) Geor	ge J. Wee	ems, M.D.	Huntin		Maryland	1	
23o	BURIAL, CREMATION, 23b.	6-20-68	23c. NAME OF CEMETER			ION (City or Town)	(County)	(Stote)
	· · · · · · · · · · · · · · · · · · ·	0-20-00	Union Cha			Co		Md
24.	FUNERAL DIRECTOR		ADDRESS T		D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	dan.
	· Penteney	E. Dewe	el truice Tr	ed M& DATE J	IUN 20	1968 Julia	Las &	-



MARYLAND STATE DEPARTMENT OF HEALTH

0827	3	DIAISION OF A	ITAL RECORDS,	CERTIFICA			noke, mar	CILAND ZIZU		08%	17.7	
1. DECEASED-NAME	First		Middle		Lost		2a. DATE OF				2b.	HOUR
(Type ar print)	Wash	ington	Henry	Je	ckson			Month	Doy 9	68	82	000
3. SEX		4. RACE		S.	DATE OF BIRTH			6. AGE (In years		UNGER 1 YEAR	IF UNGER	
male			negro		2-3-0			99	YRS. MO	NTHS CAYS	HOURS	MIN
7a. BIRTHPLACE (State of	r foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIE	D X 9.	COUNTY OF	DEATH				
country) Maryland		U.S.A		WIDOWED [DIVORCE			lvert				М
io. city or town of di Prince Fr	ederi	ck Ga	AE OF HOSPITAL OR IN eet address) lvert C	ounty H	Hosp.	during mas		(Kind of work do life, even if retire		12b. KIND OF INDUSTRY	BUSINESS	OR
13a. USUAL RESIDENCE (Vadmission) STATE	Where decease	ad lived, if institution 13b. COUNTY	n: Residence befare	Republ	WN 13d.	INSIDE CITY LIMIT	100.01	REET AND NUMBER	2			
Maryland 14. FATHER'S NAME	First	Middle	Lost		OTHER'S MAIDE	EN NAME Fire	†	Middl	e e		Last	_
	muel	Middle	Jacks		OTTEKS MAID	Mar		muu			Lusi	
16g. WAS DECEASED EVE		ED FORCES?	16b. SOCIAL SECURITY		DRMANT	rial	y.	Addres	SS			
Yes, na, ar unknawn)	(If yes give wi	or or dotes of service)	215-511-1	מ ברוב	fonian	Cant	+ 1	Port Re	muh	110	ьм	
Canditions, if any, rise to immediate stating the under lost. PART 2. OTHER SIG	which gave) e cause (a), lying cause	DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	(au	cu . HE TERMINAL D	SEASE OR COL	Lidne	y (G		de	(m)	
19a. DATE OF OPERA	TION 19b.	CONDITION FOR WHIC	H OPERATION WAS PI	ERFORMED	20a. AUTOPSY YES	/? NO □		YES, WERE FINDIN OF DEATH?	IGS CONS	IDERED IN C	ERTIFYING	3
21a. ACCIDENT WA	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year	9			nature af inju	ry in Part 1 ar Pa	rt 2, Item	18.)		
While Not wh	k l		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					ar Tawn		aunty		State
cooses st	thot (I) (thi deceased al oted o ove	s hospitol) atterive on	nded the deceos ne 9 did not) view the	ed_from_J1 1968_, and t body after dec	ne 63 hot in (my) oth.	, 19 C (our) opini	ion deoth o	occurred on th	, 19 <u>6</u> e dote	8_, that ond hour	(I) (w ond fro	e) la om th
22b. SIGNATURE	Mul	laur	1	DEGREE	ATTENDING PHYS.		D. ECTOR	STAFF PHYS.	22c. DAT	E SIGNED	-68	
22d. PHYSICIAN'S NAME (Type)	Robert	o de Vi	llarrea	1, M.D.	22e. ADDRES		nard,	Maryla	and			
23 BURIAN CREMATION REMOVAL (Specify)	N, 23b. 1	/12/68	7 10 10 10 10 10 10	CEMETERY OR CR			23d. LOCATIO	ON (City or Town)		County)	(State	,

VR A15 (4) 30M REV, 1/68

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in byte fundal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

Cem

6/12/68 24. FUNERAL DIRECTOR

Brooks Ch.

25a. REC'D BY REGISTRAR
DATE JUN 13

DATE JUIN

Calvert CO. M
REGISTRAR'S SIGNATURE Judge

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	erial 7				
	non		in Jaevini		
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M. C. Louis L. A.	Ganth Par	SHEET SEE			0.0
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con dyevind		. 550 . n . s	droate	62/62/6	()
	Delta La majo				

08274

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#13e,FilmG401 6/13/68km CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

08278

	ECEASED-NAME	First		Middle		Lost		2a. DATE	OF DEATH			2b. HOUR
	Type or print)	Emma	Т	Thomas	Toh	nson			Month	Day	68	M
3. 5	FX	Filling	4. RACE	HOWAS	Jon	DATE OF BI	IPTH		6. AGE (In	veors I	IF UNDER I YEAR	IF UNDER 24 HRS.
0. 0									lact hirth	day)	MONTHS DAYS	HOURS MIN.
	F		N/Wh			5-10-			62	YRS.		
	BIRTHPLACE (Stote or	r foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED		RIED	9. COUNTY	OF DEATH			
100	Md.		U.S.A.		WIDOWED S	DIVO	RCED 🔲	Calv	ert			Md.
10.	CITY OR TOWN OF DI	EATH	11. NA	ME OF HOSPITAL OR INS	TITUTION (If not	in hospitol	120. USUA	AL OCCUPAT	ION (Kind of wi	ork done		BUSINESS OR
P	cince Fr	ederi	ck C	treet oddress) Calvert H	louse		l D	omes			INDUSTRY	
130	USUAL RESIDENCE (Where deceose	d lived, if instituti	on: Residence before	13c. CITY OR 1	OWN	13d. INSIDE CITY LI		. STREET AND NO			1689
Judin	usual residence (National National Nati		13b. COUNTY	Calvert	Same		YES NO		Box 38	Sund	erland,	Md.
	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MA	AIDEN NAME F	irst		Middle		Lost
1	Henry			Thomas	S	usan					Bor	ots
160	WAS DECEASED EVE	R IN U.S. ARMI	D FORCES?	16b. SOCIAL SECURITY N	IO. 17. IN	ORMANT				Address		
	Yes, no, or unknown)	'(If yes give wa	r ar dates of service)	215-54-5	115 E	lizah	eth R	ro wn	Ches	aneal	re Res	ch Md
		ATU /Enter only		e for (a), (b), and (c).				1 U MII	7	apcai	APPROXI	MATE INTERVAL
	PART I. DEATH	H WAS CALISED	RY.			10 %	1.1)	20.	,		BETWEEN O	ONSET AND DEATH
		IMMEDIAT	E CAUSE (a)	yperlu	isuco	C.0/	1/20	Ullo	Danes	-		
	412	0	DUE TO, OR A	CONSEQUENCE OF								
	Conditions, if any, which gove											
	rise to immediate cause (o), (stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	lost. (c)											
1	PART 2 OTHER SIG	SNIFICANT CONI	OTTIONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE ORC	ONDITION (SIVEN IN PART 16	(n)		
	447 4									,-,		
CERTIFICATION	19a. DATE OF OPERA	TION 19b. C	ONDITION FOR WHI	ICH OPERATION WAS PE	REORMED	20a. AUTO	PSY?	201	o. IF YES, WERE I	INDINGS CO	INSIDERED IN C	ERTIFYING
X Z	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					YES		CA	USES OF DEATH?			
ERT	21a. ACCIDENT WA	C TINDEDI VINO	21b. TIME OF	MILLIDY	[21, UO			<u> </u>	injury in Part 1	Dt 0 1	A 10.1	
	OR CONTRIBUTING			Month Day Year	ZIC. NOV	A IMPORT OCC	LUKKED (EIIIBI	i ilatore ai	injusy in Part 1	di Poli Z, II	1011 10.)	
MEDICAL	(If either, natify m	nedical examin	er) P.M.	19								
×	21d. INJURY OCCU	RRED 21e. I	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Stree	et or R.F.D. Na.		City or Town		County	State
	While Nat while at work	'' [*] []		1	1	1.1	-	u N	1/1		P-01	
	22a. I certify	that (I) (this	haspital) atte	epded the decease	ed from	19	, 19_6	00, 10	6/4	, 19_	Co, that	(I) (we) last
	saw the c	deceased ali	ve an	(did not) view the l	9.00, ond	that in (m	y) (aur) api	inion dea	th accorred o	n the dot	te ond hour	ond from the
		ted obove,	(I) (we) (did)	(did/not) view the l	oody ofter de	eath.						
	22b. SIGNATURE	1/1		_ /		ATTENDI	NG - M	AED.	STAFF F	22c. D	DATE SIGNED	
	KI	4-112	en	12	DEGRE	PHYS.	, D	IRECTOR L	PHYS.			
-	22d. PHYSICIAN'S	1				22e. ADD	RESS					
	NAME (Type)	/										
230	BUNIAL, CREMATION	V. 23b. D	ATF	23c. NAME OF	CEMETERY OR C	REMATORY		1 23d. Inc	ATION (City or T	awn)	(County)	(State)
1	REMOVAL (Specify)		-8-68		nonds		em.	E .	nderla			Md
24	FUNERAL DIRECTOR	0.	0-00	ADDRESS	HOHUS	011.						N. S. S. S.
		-		Pruse FA	action of	2.1	2001	Mylan State	1868 # R	T THE THE	O. O. O.	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pehauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 how 30M REV. 1/6

death.

funeral

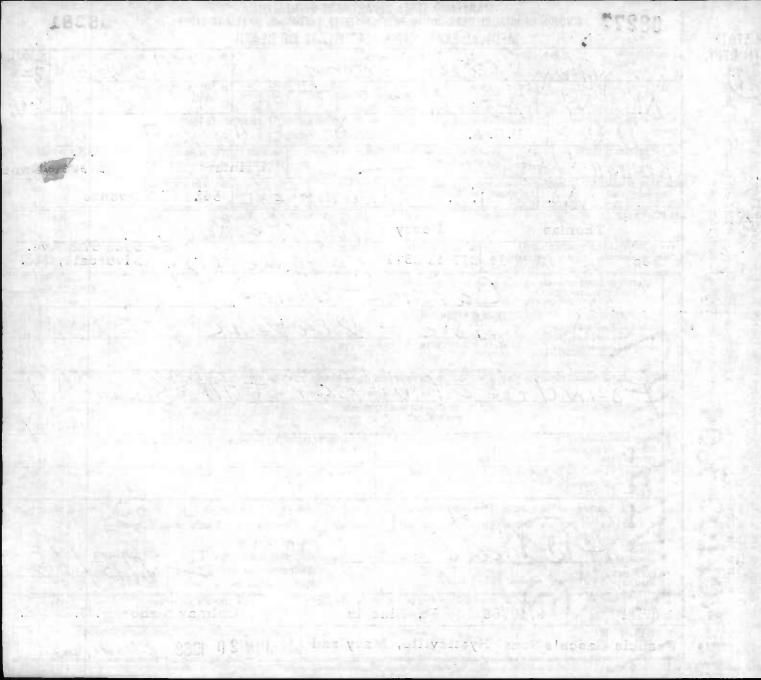
0.000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	08275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	
	(Type or Print) Benjah Jenelone Washall 20. DATE KNOWN Month Doy Yeor 2b. HOUR OF ESTI- OF ESTI- 6 2b 2 2PM
y is 3 ta age	THE PARTY OF THE P
S. P. S. P.	Months DAYS HOURS MIN. Month Day Year
ny delay is 2, and 3 ta PM3. Page partment of	7 W 12.3 14 $93YRS$
3 -	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUTWEST VIRGINIA WIDOWED DIVORCED MIDOWED MI
for for	
after death. 8. Give Pages 1, along with farm with the State Deeath.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital and hospital during was a life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during was a life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during was king life, even if retired.) 12. INDUSTRY me
haurs after death. Item 18. Give Pages 1, Office along with farm land 2 with the State De	130. USUAL RESIDENCE (Where disconstitution: Residence location Lac. CITY OF OWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 14d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 15d. STATEMENT AND NUMBER 15d. STATEMENT AND NUMBER 15d. STREET AND NUMBER 15d. STATEMENT AND NUMBER
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Adrian Curley
hin 24 ncil in pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 97 INFORMANT 4 ADDRESS / 1
	(Yes, none unknown) (If yes give war or dates of service) Unknown from K Walin 4163 Souther Cage
be executed wit "pending" in pe nief Medical Exar ansit permit. File event within 72	18. CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
e executive pending ef Medicc	IMMEDIATE CAUSE (o)
ex bencoence of M	Conditions, if ony, which gove)
should be e ne ward "per o the Chief I burial-transit	rise to immediate cause (a)
e should the ward to the Ch to burial-tra	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sh o the very	last. 1/9298 (c)
ate she of the very sed to the sa buri	PART 2 OFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEPAY BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IMPART 10
certificate writing the irwarded to irwarded to issee as a may and irward, and	= Me was fulled from water as Villan
This certific ficate, writin be farward d be used a or remaval,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY & CURRED (Enter nature of injury in Port 1 or Rort 2, Item 18.)
NER: This certificate, hauld be fa iles. shauld be u	YES NO
# 7 4	
INER: ne certifi shauld lifes. 3 shauld natian, o	CAUSE OF DEATH
= 9 x + E 5	21d. INJURY OCCURRED 21e. PLACE OF JURY (At home, fourly street, 21f. LOTATION Street or R.F.D. No. City or Town, Stote for your Write Not write 10 to
ICAL EXAMINER: Execute the certifor. Page 4 shault ed for your files. CTOR: Page 3 shau burial, crematian,	AT WORK AT WORK AT THE WORK AT THE WORK AT THE WORK AT
ICAL E e exect tar. Pa ed far ed far CTOR: burial,	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion
SICA e e e ctor ctor ctor e e e e ctor ctor bed bu	death resulted fram: Natural causes 🔲, Accident 🕱, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
piease e directar estained DIRECT DIRECT DIRECT	CHIEF MEDICAL EXAMINER
AL AL	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
San San A	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\begin{array}{c} \delta/28/\delta/0 \\ \delta/\d
necessary, please execute the funeral director. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) ADDRESS(Street, city, town, or county)
5 = + 2 5 ±	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURALAPEI(V) 6-29-68 Cedar Hill Cemetery Suitland Maryland
AN	July Land
VO ATEUR VEI	4308 Suitland Rd., Suitland, Maryland 250. RECD BY REGISTRAR 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JUL - 1 1968 Clearles Julyse
VR A15ME (5) 10M REV. 1/68	4308 Suitland Rd., Suitland, Maryland DATE JUL - 1 1968 Charles Jugar

the formation of the first the second of the first Was were I will of your worker at M. Buch - 6 4 67 West in they and was fully Ell Ward - He live Surge 11. Or Call the same water and the same and the same and the same and the same and

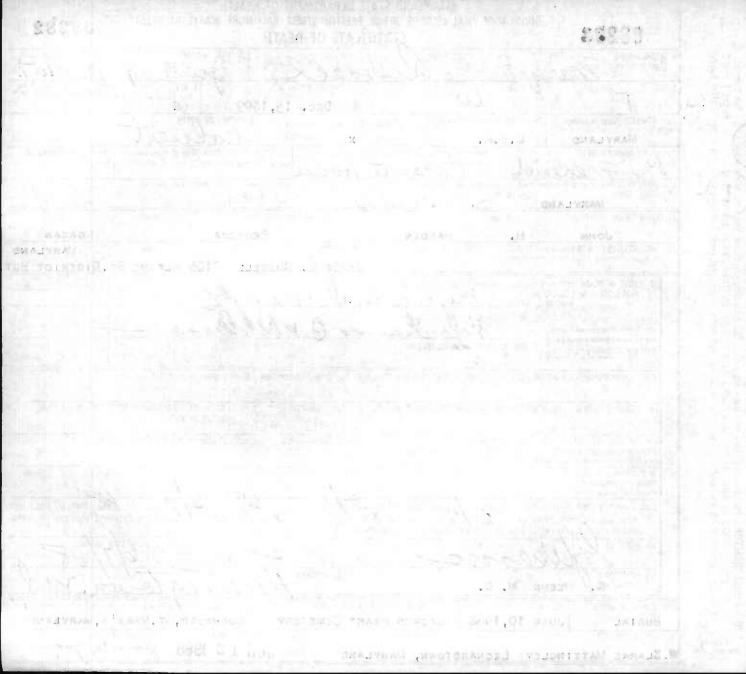
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#23a, FilmGL102 7/3/68km CERTIFICATE OF DEATH 38280 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR hours after death (Type or print) Manth Mason 68 11:002 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) DAYS HOURS 6-24-68 female negro popers. Par hin 72 hours 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) filled in WIDOWED DIVORCED | Calvert U.S.A. Maryland
10. CITY OR TOWN OF DEATH cremation, or removal, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Calvert County Hospital during most of working life, even if retired.) **INDUSTRY** the attending physicion and completely is sit permit. Then pleose remove corban, Prince Frederick none 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Port Town 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY Calvert NO S YES 🗔 Republic Maryland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost Middle Louise Hogue Clifton Ovivian Mason Harvey 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknawn) Port Republic, Maryland Louise Curtis 1B. CAUSE OF DEATH (Enter only one couse per line or (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUI signed by the buriol-transit Conditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED offending os the prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [of Health this certificote O HOSPITAL OR ATTENDING PHYSICIAN: 18 Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M , page 3 should be detached be filed with the State Dept. of (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Nat while at wark 22a certify that (1) (this hopital) attended the deceased from June 21, 19.68, ta June 27, 19.68, that (1) (we) last saw the deceased alive on June 27, 19.68, and that in (my) (aur) apinian death accurred an the date and haur and from the (we) (did) (did not) view the body after death. 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS. 22d. PHYSICIAN 22e. ADDRESS NAME (Type director, p St. Leonard, Maryland Roberto de Vil 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23g. BURIAL CREMATION 23b. DATE (Stote) (County) BEREMOVAL Specify em 401 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles 1968 30M REV. 168

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2 1	MARYLAND STATE DEPARTMENT OF HEALTH 1997 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	08277 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08281
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) William Postrey Perry Perry DEATH MATED 5 1568 7 20M
delay in and 3 range ran	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 YEAR if under 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR MONTHS DAYS HOURS MIN. Month Doy 15 Year 1985
1, 2, m P	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF PEATH Country) U.S.A. WIDOWED DIVORCED 9. COUNTY OF PEATH MIDOWED MIDOWED DIVORCED 9. COUNTY OF PEATH MIDOWED MIDO
ive Pages g with far the State	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of work done during post of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during post of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during post of working life, even if retired.)
of with the death.	130. USUAL RESIDENCE (Where deceased fived, if institution: Recidence before 13ct CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE d. 13b. COUNTY
after after 3	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Refulle Lost Thomas Perry 1. In the Refull Ref
d within 24 in pencil in Examiner's File pages in 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no. grunknown) (If yes give w W of spring) 217 42 2371 (The spring of unknown) (If yes give w W of spring) 217 42 2371 (The spring of unknown) (The
be executed within "pending" in pencil nief Medical Examine basit permit. File pag event within 72 hau	18. CAUSE OF DEATH (Enter only one couse porline for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld be executed ord "pending" in Chief Medical I -transit permit. ny event within	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF DIG POLICE
word word the Ch irial-tri	rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
g til ed te	PARTA. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)
Th ifica d be ald b	21b. TIME OF INJURY Month, Doy, Year PRIMARY OF COURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street) 21f. IOCATION Street or R.F.D. No. (ity or Town)
sh s	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A
execuence execuence of the far tok:	22a. I certify that I took charge of the remains described obove, held an Autapsy, Inspection, Inquiry, ond in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
please directive retains and large l	ACTUAL H
O DEPUTY Slease necessory, please the funeral direct 5 may be retained O FUNERAL DIREC Health priar to b	SIGNATURE EXAMINER'S NAME (Type) SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
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MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE

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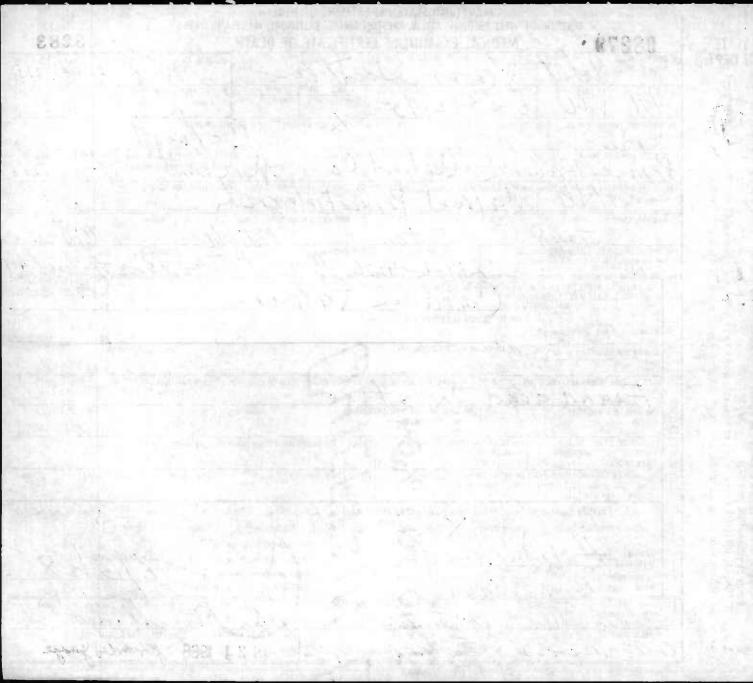
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certificate

1. DECEASED-NAME 20. DATE KNOWN (Type or Print) OF ESTI-Page DEATH MATED 2c. DATE PRONOUNCED DEAD and MONTHS PM3 Year YRS 70. BIRTHPLACE (State or fareign 7b. CITIZEN OF MARRIED ? NEVER MARRIED 9. COUNTY OF DEAT Give Pages 1, with form country) WIDOWED DIVORCED [the Stat INSTITUTION (If 10) in haspital 12b. KIND OF BUSINESS OR yen if retired.) Office alang with deoth. 13a. USUAL RESIDENCE Whate demosed lived, i institution: Residence before 13c. STREET AND NUMBER odmission) STATE ond 2 Item 1 ofter 14. FATHER'S NAME Middle .9 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 9 within 18. CAUSE OF DEATH (Enter only one cause per BETWEIN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending permi IMMEDIATE CAUSE (o the Chief Medi buriol-transit Conditions, if ony, which gave rise to immediate cause (a). writing the word any stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF .⊑ forwarded to ond PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS or removal. CERTIFICATION nsed 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 should 4 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremotion, P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK burial. 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection [Inquiry and in my apinian Suicide . death resulted fram: Natural causes Accident Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 5 moy TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON-STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

O DEPUTY necessory,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03230 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH deoth. (Type or print) John Sedwick Williams 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) white 12-5-02 male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Maryland U.S.A. DIVORCED [WIDOWED Calvert requires that the death certificate be executed within 24 please remove carbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done give creet address) Calvert during mast of warking life, even if retired.) Prince Frederick County Hosp. Installer event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before sland 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE
Maryland 13b, COUNTY NO 🚾 YES Creek alvert cremotion, or removol, and in any 14. FATHER'S NAME Middle First Middle 1S. MOTHER'S MAIDEN NAME First Williams John Ethe! 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) I (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Carcinoma of Bladder with metastasis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) buriol-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse buriol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) be retained by the hospitol or ottending as the O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO | of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at work should causes stated obave. (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE DEGREE ed DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, Damalouii ssam should

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2b. HOUR IF UNDER 1 YEAR MONTHS 12b. KIND OF BUSINESS OR **INDUSTRY** Telephone Co Lost Griffin BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) County State 22a. I certify that (I) (this haspital) attended the deceased from April 12, 1968, ta June 19, 1968, that (I) (we) last saw the deceased alive an June 19, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED 6-19-68 Prince Frederick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23be DATE (State) REMOVAL (Specify) Cemeter FUNERAL DIRECTOR 25a. REPD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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FOR STATE	18281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	285
HEALTH DEPT.	1. DECEASED NAME First Middle Last 2a. DATE KNOWN Month Day (Type or Print)	Year 2b. HOUR
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delay and 3 M3. Po tment	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lift under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthday) MoNTHS DAYS HOURS MIN Manth Day Ye	2d. HOUR
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	Howard Greaver Ella Sne	ad
in i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) Unknown 17. INFORMANT (Son Forcest Ville, Wilbur G. Wise, 6104 Surrey Lane	, md.
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